

**DANE COUNTY  
POLICY AND FISCAL NOTE**

Original _____ Update _____	Substitute No. _____
Sponsor: Salov	Resolution No. _____
Vote Required: Majority <input checked="" type="checkbox"/> Two-Thirds _____	Ordinance Amendment No. _____

Title of Resolution or Ord. Amd.:

AMENDING CHAPTER 47.17(5) OF THE DANE COUNTY CODE OF ORDINANCES, REGARDING ANIMAL WASTE ON BALCONIES

**Policy Analysis Statement:**

Brief Description of Proposal -

This ordinance amendment will prohibit animal owners from allowing their pets to urinate and /or defecate on elevated porches, balconies and platforms that are elevated. Sometimes pet owners let their pets go to the bathroom on balconies, which in turn falls or runs off the balcony to the renter below. This ordinance will give an enforcement tool to Humane Officers that respond to these complaints.

Current Policy or Practice -

No current policy or practice.

Impact of Adopting Proposal -

Humane Officers will be able to address these types of situations with enforcement authority/citation. PHMDC currently does not have the necessary enforcement authority to deal with these complaints.

**Fiscal Estimate:**

Fiscal Effect (check all that apply) -

- No Fiscal Effect
- Results in Revenue Increase
- Results in Expenditure Increase
- Results in Revenue Decrease
- Results in Expenditure Decrease

Budget Effect (check all that apply)

- No Budget Effect
  - Increases Rev. Budget
  - Increases Exp. Budget
  - Decreases Rev. Budget
  - Decreases Exp. Budget
  - Increases Position Authority
  - Decreases Position Authority
- Note: if any budget effect, 2/3 vote is required

**Narrative/Assumptions about long range fiscal effect:**

None

**Expenditure/Revenue Changes:**

	Current Year		Annualized			Current Year		Annualized	
	Increase	Decrease	Increase	Decrease		Increase	Decrease	Increase	Decrease
Expenditures -					Revenues -				
Personal Services					County Taxes				
Operating Expenses					Federal				
Contractual Services					State				
Capital					Other				
Total	\$0	\$0	\$0	\$0	Total	\$0	\$0	\$0	\$0

**Personnel Impact/FTE Changes:**

None

**Prepared By:**

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Reviewed by:	Date: Phone: